



PATENT  
Docket No.: 19603/4230 (CRF D-2238B)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Goldman et al.  
Serial No. : 09/282,239  
Cnfrm. No. : 8339  
Filed : March 31, 1999  
For : A METHOD FOR ISOLATING AND  
PURIFYING OLIGODENDROCYTES  
AND OLIGODENDROCYTE  
PROGENITOR CELLS

Examiner:  
Richard Hutson

Art Unit:  
1652

25/D  
M.G.J  
4/28/03

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TECH CENTER 1600/2000

AMENDMENT UNDER 37 C.F.R. §1.116

U.S. Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202  
Box: AF

Dear Sir:

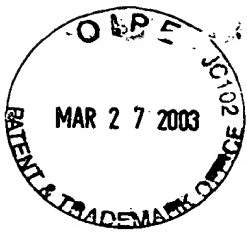
In response to the January 24, 2003, office action, please amend the above-identified patent application as follows:

In the Claims:

Please cancel claims 19, 21, 22, 27, and 28 without prejudice.

Please amend claim 29 as follows:

29. (Amended) An enriched or purified preparation of human mitotic oligodendrocyte progenitor cells, wherein an oligodendrocyte specific promoter functions in all cells of the enriched or purified preparation.



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AFL/1600  
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Sir:

Transmitted herewith is an amendment (2 pages) and Appendix (1 page) in the above-identified application. Also enclosed are:

- ☐ A Request for \_\_\_\_-Month Extension of Time.  
☒ Applicant claims small entity status. (See 37 CFR 1.27.)  
☒ A self-addressed, prepaid postcard for acknowledging receipt.  
☒ No additional fee is required.  
☐ The fee has been calculated as shown below:

|   | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | a) SMALL ENTITY<br>b) LARGE ENTITY |              |
|---|---|-------|---------------------------------------|------------------|------------------------------------|--------------|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                               | ADD'L<br>FEE |
| TOTAL   | 3   | MINUS | 20                                    | +                | x a) \$ 9=<br>b) \$18              | \$0          |
| INDEP   | 1   | MINUS | 3                                     | +                | x a) \$42=<br>b) \$84              | \$0          |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |                                       |                  | See fee<br>Schedule                | \$           |
| <input type="checkbox"/> Extension of Time Fee (____ Months)            |   |       |                                       |                  |                                    |              |
| TOTAL   |   |       |                                       |                  |                                    | \$0          |

- [ ] A check for \$\_\_\_\_\_ is enclosed to cover the above fees.
- [ ] Please charge my Deposit Account No. 14-1138 in the amount of \$\_\_\_\_\_  
**A duplicate copy of this sheet is enclosed.**
- [X] The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 14-1138.  
**A duplicate copy of this sheet is enclosed.**

Date: March 24, 2003



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Registration No. 30,727

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